ELLSWORTH CARE CENTER			
403 NORTH MAPLE STREET			
ELLSWORTH 54011 Phone: (715) 273-5821		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	70	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	77	Average Daily Census:	64
Number of Residents on 12/31/00:	66	o v	

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Services Provided to Non-Residents	1	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	37. 9 40. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	3.0	Under 65	6. 1	More Than 4 Years	21. 2
Day Services	No	Mental Illness (Org./Psy)	28. 8	65 - 74	15. 2		
Respite Care	Yes	Mental Illness (Other)	3. 0	75 - 84	40. 9		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	33. 3	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4. 5	95 & 0ver	4. 5	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1. 5			Nursing Staff per 100 Re	
Home Delivered Meals	Yes	Fractures	6. 1		100.0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	15. 2	65 & 0ver	93. 9	[
Transportation	No	Cerebrovascul ar	15. 2			RNs	6. 8
Referral Service	No	Di abetes	1. 5	Sex	%	LPNs	14. 1
Other Services	Yes	Respi ratory	7. 6			Nursing Assistants	
Provi de Day Programming for	İ	Other Medical Conditions	13. 6	Male	36. 4	Aides & Orderlies	46. 5
Mentally Ill	No			Female	63. 6		
Provide Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medi (Titl		(Medic (Title			0th	er	P	ri vate	Pay	 I	Manageo	l Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 1	\$106.62	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 5%
Skilled Care	4	100.0	\$179.87	35	72.9	\$92. 17	0	0. 0	\$0.00	13	92. 9	\$124. 25	0	0.0	\$0.00	52	78. 8%
Intermedi ate				10	20.8	\$77. 71	0	0.0	\$0.00	1	7. 1	\$114.00	0	0.0	\$0.00	11	16. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				2	4. 2	\$133. 11	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	3.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100.0		48	100. 0		0	0.0		14	100.0		0	0.0		66	100.0%

Admissions, Discharges, and Deaths During Reporting Period	ļ	Percent Distribution	of Residents'	Conditio	ons, Services	, and Activities as o	of 12/31	/00
zeachs zuring hepotering rerrou	'			%	Needi ng			Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Nu	umber of
Private Home/No Home Health	14.8	Daily Living (ADL)	Independent	One (r Two Staff	Dependenť	Re	si dents
Private Home/With Home Health	2. 8	Bathi ng	0.0		81. 8	18. 2		66
Other Nursing Homes	4.6	Dressi ng	16. 7		71. 2	12. 1		66
	75. 9	Transferring	42.4		39. 4	18. 2		66
Psych. HospMR/DD Facilities	1. 9	Toilet Use	30. 3		53. 0	16. 7		66
Rehabilitation Hospitals	0. 0	Eating	54 . 5		34. 8	10. 6		66
Other Locations	0.0	**********	*****	*******	********	********	******	*******
Total Number of Admissions	108	Continence	1 6 .1 .	%	Special Trea			- %
Percent Discharges To:		Indwelling_Or Externa	I Catheter	9. 1		Respiratory Care		7. 6
	22. 1	Occ/Freq. Incontinent		30. 3	Recei vi ng	Tracheostomy Care		1. 5
	14. 4	Occ/Freq. Incontinent	of Bowel	22. 7		Suctioning		0. 0
Other Nursing Homes	1. 9	201414				Ostomy Care		1. 5
	39. 4	Mobility				Tube Feeding	D. .	0. 0
Psych. HospMR/DD Facilities	1.0	Physically Restrained		4. 5	Recei vi ng	Mechanically Altered	Diets	9. 1
Rehabilitation Hospitals	0.0	al. a			0.1 0 11			
Other Locations	2.9	Ski n Care		0 1		ent Characteristics		ro 1
	18. 3	With Pressure Sores		9. 1		ce Directives		59. 1
Total Number of Discharges	104	With Rashes		9. 1	Medications	Darrahaaatirra Durra		40 5
(Including Deaths)	104	*********	******	*******	keceiving	Psychoactive Drugs	******	48. 5

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	s Proprietary		50-	. 99	Skilled		Al l	
	Facility	Peer	Peer Group		Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83. 1	82. 5	1.01	87. 3	0. 95	84. 1	0. 99	84. 5	0. 98
Current Residents from In-County	90. 9	83. 3	1.09	80. 3	1. 13	83. 5	1. 09	77. 5	1. 17
Admissions from In-County, Still Residing	19. 4	19. 9	0. 98	21. 1	0. 92	22. 9	0.85	21. 5	0. 90
Admi ssi ons/Average Daily Census	168. 8	170. 1	0. 99	141.8	1. 19	134. 3	1. 26	124. 3	1. 36
Discharges/Average Daily Census	162. 5	170. 7	0. 95	143. 0	1. 14	135. 6	1. 20	126. 1	1. 29
Discharges To Private Residence/Average Daily Census	59. 4	70. 8	0.84	59. 4	1. 00	53. 6	1. 11	49. 9	1. 19
Residents Receiving Skilled Care	80. 3	91. 2	0. 88	88. 3	0. 91	90. 1	0. 89	83. 3	0. 96
Residents Aged 65 and Older	93. 9	93. 7	1.00	95.8	0. 98	92. 7	1. 01	87. 7	1.07
Title 19 (Médicaid) Funded Residents	72. 7	62. 6	1. 16	57. 8	1. 26	63. 5	1. 14	69. 0	1.05
Private Pay Funded Residents	21. 2	24. 4	0. 87	33. 2	0.64	27. 0	0. 79	22. 6	0. 94
Developmentally Disabled Residents	3. 0	0. 8	3. 93	0. 7	4. 15	1. 3	2.41	7. 6	0.40
Mentally Ill Residents	31. 8	30. 6	1.04	32. 6	0. 98	37. 3	0. 85	33. 3	0. 95
General Medical Service Residents	13. 6	19. 9	0. 69	19. 2	0.71	19. 2	0.71	18. 4	0. 74
Impaired ADL (Mean)	43. 6	48. 6	0. 90	48. 3	0. 90	49. 7	0. 88	49. 4	0. 88
Psychological Problems	48. 5	47. 2	1. 03	47. 4	1.02	50. 7	0. 96	50. 1	0. 97
Nursing Care Required (Mean)	4. 7	6. 2	0. 77	6. 1	0. 78	6. 4	0. 73	7. 2	0. 66